

11100 Aurora Ave, Bldg 13 Urbandale, Iowa 50322 1-866-282-5817-phone (515) 327-5422-fax www.iowapdc.org

## **Iowa Prescription Drug Donation Program Notice of Participation**

Completion of this form meets the notification requirement to prescribe and/or dispense prescription medications as part of the prescription drug donation repository program under Iowa Administrative Code 641—190.3. Complete and submit this form to the above address or fax to (515) 327-5422. Questions about completing this form may be directed to 1-866-282-5817.

Pharmacy or Medical Facility				
Name — Pharmacy or Medical Facility		Telephone Number		
Address				
City		State		Zip Code
Iowa License/Registration Number	Name of Agency/	ncy/Board Issuing/Registration Number		
Name— Pharmacist, Physician, Nurse Practitioner, Program Manager			Telephone Number	
I certify the above named facility is in compliance with all state and federal laws and administrative rules and will comply with the requirements of this chapter. Further, I certify that if DDRP medications are taken off site for any purpose they will be transported in a manner that is secure and environmentally controlled.  Will DDRP medications be taken off site? YES / NO				
Signature — Pharmacist, Physician, Nurse Practitioner, Program Man			ger	Date
Primary Contact Information				
Name of Primary Contact for Drug Donation Program Commu		nication	Pri	mary Contact Phone Number
Primary Email Address			Primary Contact Fax Number	